**Title:**

Click here to enter text.

**Probable Duration:**

Click here to enter text.

**Personnel:**

*Project Investigator(s):*

Click here to enter text.

*PSU Collaborators:*

Click here to enter text.

*External Collaborators:*

Click here to enter text.

**Justification:**

Click here to enter text.

**Previous Work and Present Outlook:**

Click here to enter text.

**Objectives:**

Click here to enter text.

**Approach:**

Click here to enter text.

**Timeline: (*for McIntire-Stennis proposals only)***

Click here to enter text.

Once the Proposal has been drafted, it should be distributed to at least two individuals for their review, critique, and recommendations. In addition, the reviewers must complete the information below to indicate they have reviewed and rated the Proposal.

**\*Rating Scale: 1. Unsatisfactory 2. Marginal 3. Good 4. Very Good 5. Outstanding**

1. Relevance to priorities and mission of the units Choose an item.

2. Probability of practical benefits Choose an item.

3. Probability of contribution to basic knowledge Choose an item.

4. Personnel available and qualified to do proposed work Choose an item.

5. Provision for cooperative effort Choose an item.

6. Adequacy of equipment and facilities available Choose an item.

7. Probability that objects will be reached in proposed duration Choose an item.

8. Proposal complete and format conforms to AES guidelines Choose an item.

9. Overall scientific and technological quality Choose an item.

**This proposal was RATED and REVIEWED by:**

Click here to enter text. Click here to enter a date.

Printed Name Signature Date

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**This proposal was RATED and REVIEWED by:**

Click here to enter text. Click here to enter a date.

Printed Name Signature Date

This signature sheet is required by the AES to be the last page of the Proposal. All proposal investigators, their respective department head, and members of the advisory committee\* must be knowledgeable and familiar with the proposed proposal.

**This proposal is SUBMITTED by:**

Click here to enter text. Click here to enter a date.

Investigator (Lead) – Printed Name and Signature Date

Click here to enter text. Click here to enter a date.

Investigator (Cooperating) – Printed Name and Signature Date

Click here to enter text. Click here to enter a date.

Investigator (Cooperating) – Printed Name and Signature Date

Click here to enter text. Click here to enter a date.

Investigator (Cooperating) – Printed Name and Signature Date

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Investigator (Cooperating) – Printed Name and Signature Date

Click here to enter text. Click here to enter a date.

Investigator (Cooperating) – Printed Name and Signature Date

Click here to enter text. Click here to enter a date.

Investigator (Cooperating) – Printed Name and Signature Date

**This proposal is APPROVED by:**

Click here to enter text. Click here to enter a date.

Department Head (Lead) – Printed Name and Signature Date

Click here to enter text. Click here to enter a date.

Department Head (Cooperating) – Printed Name and Signature Date

Click here to enter text. Click here to enter a date.

Department Head (Cooperating) – Printed Name and Signature Date

**This proposal was ADVISED by:**

\*An advisory committee is optional and is *not* the same as a proposal reviewer. It may be used, if desired, by the department head(s) or proposal investigators. Signature must be obtained if an advisory committee is used.

Click here to enter text. Click here to enter a date.

\*Advisory Committee Member – Printed Name and Signature Date

Click here to enter text. Click here to enter a date.

\*Advisory Committee Member – Printed Name and Signature Date

Click here to enter text. Click here to enter a date.

\*Advisory Committee Member – Printed Name and Signature Date